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**Thursday, September 28, 2023  
Cleburne Conference Center  
2:30 PM - 7:00 PM**

**Food Vendor Registration Form**

**\*Payment required at time of registration**

**\*No electricity or water provided**

**\*We reserve the right to cap the number of food vendors and types of food**

**Limited Availability!!**

\_\_\_ Chamber Members - \$75 on or prior to September 8 / After September 8 - \$100

\_\_\_ Non-Members - \$125

**\*Please call Rosa at 817-645-2455 or email [rosav@cleburnechamber.com](mailto:rosav@cleburnechamber.com) to check availability before submitting vendor form & payment.**

Company Name: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

List ALL food to be sold: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of food vehicle: \_\_\_ Truck \_\_\_ Trailer \_\_\_ Cart \_\_\_ Booth/Stand

Dimensions of space needed: \_\_\_\_\_  
*(Due to limited space, as soon as you've parked your trailer/unloaded your booth, you may be required to park your vehicle in another lot. Any issues with this should be discussed with us before the day of the event.)*

Location of generator: \_\_\_\_\_

Side of vehicle serving from: \_\_\_ Passenger \_\_\_ Driver

**Complete both pages** of this application and return with cash, check, cashier's check or money order, payable to Cleburne Chamber of Commerce. Payment may also be made with credit card over the phone or in person at Chamber office. **Payment must be made in full to reserve your space.**

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**\_\_\_\_\_ Total Fee / Payment Method:**

\_\_\_\_\_ Credit Card (Over the phone w/ Chamber rep or CleburneChamber.com)

\_\_\_\_\_ Check (Please make check payable to: Cleburne Chamber of Commerce)

**Return forms to: 1511 W. Henderson / [rosav@cleburnechamber.com](mailto:rosav@cleburnechamber.com) / Fax: 817-641-3069**

**Questions: call 817-645-2455**

**PERMITS:** A temporary food permit is required. Please call City of Cleburne Health Department, 817-645-0958. Vendors must be ready for inspection by the Health Department on the day of the event.

*\*Tents must be fire retardant.*

*\*Open Flame Cooking: Class K AND 5lb ABC Fire Extinguishers are Required.*

*\*Food trucks – If you don't have an annual permit, you will need to be inspected by the Fire Marshal at least 2 weeks prior to the event.*

**SETUP:** Vendors can begin setting up at 9 a.m. on the day of the event, unless other arrangements are made with the Cleburne Chamber. **Setup must be complete by Noon**, no exceptions, ready for inspection from the Cleburne Health Department. We would like you to open for lunch shortly thereafter.

**TEAR DOWN:** Vendors must not tear down before 7 p.m. Early tear down is not permitted.

**READ and INITIAL EACH** of the terms of this agreement.

\_\_\_ I understand that electricity and water are not provided.

\_\_\_ I understand that I will be provided an uncovered space on pavement. I am responsible for providing everything else I need.

\_\_\_ I will conduct sales only in my assigned space and will set-up my space in a safe and attractive manner.

\_\_\_ I have or will obtain a valid permit from the Cleburne Health Department and will abide by their regulations. (See Permits in box above)

\_\_\_ I will be responsible for collecting and reporting sales tax and for compliance with all federal, state and local laws, statutes and ordinances.

\_\_\_ I will be responsible for cleaning my assigned space, bagging and removing all trash generated by me and my staff. No dumping/graywater.

\_\_\_ I will be responsible for the actions and conduct of anyone who sells from my assigned space.

\_\_\_ **I understand that NO REFUNDS will be given after September 15. The following exceptions apply:**

- 1) Refunds will be issued IF state/local mandates are enacted that prohibit events like this,**
- 2) In case of rain, a 50% refund may be given on outdoor booths only.**

\_\_\_ I agree to indemnify and hold harmless the promoters, event committee, City of Cleburne, and Cleburne Chamber of Commerce, and all its constituents, from any and all liability due to failure to comply with any regulations or for damages, injury, and loss to any person or goods from any cause whatsoever.

\_\_\_ I recognize that the Cleburne Chamber of Commerce has the authority to terminate this agreement and my permission to participate in the Cleburne Chamber Food Truck Festival & Business Expo if I violate any of the above policies and guidelines or if I fail to comply with any other procedure or requirement determined necessary by City of Cleburne and Cleburne Chamber of Commerce.

**I HAVE READ AND I UNDERSTAND AND ACCEPT ALL PROVISIONS OF THIS LETTER OF AGREEMENT AND WILL ABIDE BY ALL THE REQUIREMENTS OF THE CLEBURNE CHAMBER OF COMMERCE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Before returning this application to Cleburne Chamber of Commerce make a copy of the document for your records.